



## Superior Court of Cobb County Mental Health Court

### **PARTICIPANT SPECIAL REQUEST FORM**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phase: \_\_\_\_\_

Sponsor: \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_ N/A 12 step meeting attended this week: \_\_\_\_\_

Employer: \_\_\_\_\_

Reason for request:

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Days requested: \_\_\_\_\_

(to be completed by Judge)

Approve: \_\_\_\_\_ yes \_\_\_\_\_ no

If no, reason:

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Judge  
Mary E. Staley

\_\_\_\_\_  
Date